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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US2005/004741 02/15/2005
 which claims benefit of 60/547,196 02/23/2004

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CMP Initials	NY	3	20	2

ADDRESS

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 UNITED STATES

TITLE

Abuse Resistant Opioid Transdermal Delivery Device Containing Opioid Antagonist Microspheres

FILING FEE RECEIVED 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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